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	in this information to identify your c	3 50 :							
Del	otor 1 Ericka D. Ja	rrell							
	otor 2 use, if filing)								
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA						
	se number <u>17-14121</u>		-			Check if this is: An amended A suppleme	nt showir		chapter
0	fficial Form 106l							following date:	
	chedule I: Your Inc	ome				MM / DD/ Y	YYY		12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. the Describe Employment	r spouse is not filing wi	ith you, do not inclu	de infor	matio	n about your spo	use. If m	ore space is r	needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-f	iling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Employed			
			☐ Not employed			☐ Not employed			
		Occupation	Bookkeeper			·····			
	Include part-time, seasonal, or self-employed work.	Employer's name	HMS School						
	Occupation may include student or homemaker, if it applies.	Employer's address	4400 Baltimore Philadelphia, PA						
		How long employed t	here? 9 years						
Pa	t2: Give Details About Mor	nthly Income							
Esti spoi	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	eport for	any lir	ne, write \$0 in the	space. In	clude your non	-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	n for all e	employ	ers for that perso	n on the I	ines below. If y	ou need
						For Debtor 1		ebtor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,936.40	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$_	0.00			
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$_	3,936.40	\$	N/A	

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Debtor 1		Ericka D. Jarrell		Case number (if known)		17-14121		
				For Debtor 1		For Debtor 2 or non-filing spouse		
	Cop	y line 4 here	4.	\$	3,936.40	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	557.51	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	167.87	\$	N/A	
	5f.	Domestic support obligations			0.00	\$	N/A	
	5g.	Union dues	5f. 5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$	0.00		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	725.38	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,211.02	\$	N/A	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	••		0,211.02		N/A	
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Child tax credit	8f. 8g. 8h.+	\$ \$ \$	0.00 0.00 500.00	\$ \$ + \$	N/A N/A N/A	
9.	Ado	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	500.00	\$	N/A	
10	C-1	aulata manthly basens. Add line 7 t line 0	40 🛣					
10.		•	10. \$	- 3	3,711.02 + \$		N/A = \$ 3,711.02	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.						
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00							
12.		I the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certail</i> lies					12. \$ 3,711.02 Combined	
13.	Do :	you expect an increase or decrease within the year after you file this form? No.	?				monthly income	
		Yes. Explain:						